

ILLINOIS STATE BOARD OF ELECTIONS
REQUEST FOR VOTER INFORMATION

TO REQUEST VOTER INFORMATION:

- Complete the attached application.
- Submit the application to:

**State Board of Elections
Voter Registration Services
1020 S. Spring Street
P.O. Box 4187
Springfield, IL 62708**

- Make check or money order payable to the State of Illinois.
- Checks must be issued on the political committee's account.
- No application will be processed without payment attached.
- Media are provided by the State Board of Elections.
- Requests are processed on a first-in, first-out basis.

Questions? Contact Voter Registration Services at (217) 782-4141.

Revised January 2008

ILLINOIS STATE BOARD OF ELECTIONS

VOTER INFORMATION

The State Board of Elections compiles a database of voter registration information provided by the 110 [Illinois election jurisdictions](#). Illinois counties (and 8 cities) submit data to the Board electronically on a regular basis, usually nightly.

Files are available on CD-ROM or DVD.

Costs Effective January 22, 2008

Entire state	\$500
Supreme/Appellate District	\$100
Cook County (except Chicago)	\$100
City of Chicago	\$100
Congressional District	\$75
Judicial Circuit (except Cook)	\$40
Legislative (Senate) District	\$30
Representative District	\$25
Others (\$25 minimum)	Call

VOTER FILE FORMATS

Preferred Format

- Suitable for most groups or individuals interested in voter data.
- Combines voter and voting history data into one file or table.
- Includes up to the last 10 elections if available (Voting history availability varies by voter and by election jurisdiction).
- Available in Microsoft Access and comma-delimited text forms.

Those with special processing requirements may opt for the following format.

Normalized Format

- Consists of three tables (files), one with voter data, one with political subdivision data, and another containing voting history.
- Requires that the three tables (files) be joined to access voting history or to determine political subdivisions. This process requires extensive knowledge of and experience with database software and programming.
- Available in comma-delimited text form only.

**-ILLINOIS STATE BOARD OF ELECTIONS
REQUEST FOR VOTER DATA**

Name of Political Committee: _____
Name of Contact Person: _____
Address: _____

Telephone: _____

Voter Information Requested: _____

PLEASE SELECT THE REQUESTED FORMAT AND MEDIA

PREFERRED FORMAT WITH HISTORY	_____	_____	DVD
Normalized FORMAT WITH HISTORY	_____	_____	CD – ROM

+

Mail to Address _____

Hold for pickup _____

I, the undersigned, am aware that only those political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act are qualified to receive this data. I am also aware that this data can only be used for bonafide political purposes and shall not be used under any circumstances for purposes of commercial solicitation or other business purposes, and that to do so may result in substantial penalty.

(Chapter 10 ILCS 5/4-8, 5-7 and 6-35, Illinois Compiled Statutes)

Signature of Candidate, Treasurer or Chairman

Date

OFFICE USE ONLY

Date Received: _____
Committee ID: _____